

Planning **Documents**



Florida Department of Health in Polk County

Strategic Plan 2019-2022









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Florida Health Performs















Version 1.0 Published March 2019

Produced by:

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Executive Summary

The Florida Department of Health in Polk County (FDOH-Polk) initiated a new strategic planning process in March 2018 to define the direction and course for the next four years. This document details the FDOH-Polk 2019-2022 Strategic Plan, which will run from January 1, 2019 – December 31, 2022.

The FDOH-Polk strategic planning team, comprised of senior leadership and programmatic supervisors from Polk County Health Department (CHD) held meetings to review local CHD organizational priorities addressing Maternal/Child Health, Chronic Diseases, Immunizations, Infectious Diseases, Injury Prevention, Emerging Public Health Threats, and Mental Health and Substance Abuse in order to align local strategic planning efforts with the Florida Department of Health's seven agency strategic priorities to fulfill FDOH's mission, vision, and values.

Mission – Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision - What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

I nnovation: We search for creative solutions and manage resources wisely.

C ollaboration: We use teamwork to achieve common goals & solve problems.

A ccountability: We perform with integrity & respect.

R esponsiveness: We achieve our mission by serving our customers & engaging our partners.

E xcellence: We promote quality outcomes through learning & continuous performance improvement.

This is a living document that will be evaluated and updated regularly to address new challenges posed by the changing environment of public health in Polk County. The Health Officer championed the planning process by involving internal stakeholders assigned to the strategic planning team over a year-long period.

Guiding principles the team was encouraged to keep in mind:

- Children, adults, and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
- Social determinants dominate health outcomes.
- Health equity promotion is part of every public health activity.
- Interventions to promote public health are evidence-based and community supported.



Planning Summary

The FDOH-Polk Strategic Planning Team, comprised of senior leadership, program and department representatives, were brought together to develop the Strategic Plan and ensure the preservation of Florida Department of Health's mission, vision, and values. The strategic planning team first laid out the framework for the plan based on the FDOH seven agency priorities and then conducted a SWOT Analysis.

The SWOT Analysis considered the agency internal strengths and weaknesses and external opportunities and threats. Capacity for the following areas were considered throughout the SWOT Analysis and key discussions:

- Information Management
- Workforce Development
- Communication (including branding)
- Financial Stability

To allow for greater inclusion of program and department leaders, the team was expanded to include line staff and divided into four groups to assess priorities and craft objectives and strategies. The groups formed included:

- Group 1: Maternal Health, Child Health, and Immunizations
- Group 2: Chronic Diseases and Injury Prevention
- Group 3: Infectious Diseases, Emerging Public Health Threats, Mental Health & Substance Abuse
- Group 4: Effective Agency Processes

Within each of these groups, relevant updated Community Health Assessment (CHA) data was provided to staff for review. Community Health Improvement Planners were present in all group meetings to ensure alignment with DOH-Polk's Community Health Improvement Plan (CHIP).

As an overarching issue, health equity was addressed within each group throughout the strategic planning process. The team reviewed the organizational priorities and answered the following questions:

- What are we currently working on?
- Who is working on this internally?
- What community partnerships are involved?
- What are some potential new opportunities?

The strategic planning team decided to align with the following four state strategic priority areas:

- Health equity
- Long, healthy life
- Readiness for emerging health threats
- Effective agency processes



Program managers provided input and feedback on the goals and strategies, and measurable objectives were developed. Staff were assigned as leads for each objective. The revised proposal was then routed back to the executive leadership team for comment and approval. The following is a schedule of the strategic planning process:

| March 7, 2018 Conduct SWOT Analysis: Strengths Health Officer and Executive Leadership Team | DATE | MEETING TOPIC | ATTENDEES |
|---|----------------|--|-------------------------------------|
| April 13, 2018 Conduct SWOT Analysis: Opportunities & Threats Health Officer and Strategic Planning Team Priorities Assessment – Health Equity, Infectious Diseases, Health Officer and Strategic Planning Team Group 3 July 16, 2018 Priorities Assessment – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention July 30, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention August 1, 2018 Priorities Assessment and Create Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention August 1, 2018 Priorities Assessment and Create Strategies & Objectives and Identify Leads – Health Officer and Strategic Planning Team Group 1 & 2 August 6, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 10, Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention November 15, Qupate on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan Objectives and Group 1 & 2 September 20, Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan Diseases Strategic Plan Management Council November 15, Review and close-out of 2016-2018 Strategic Plan Health Officer and Performance Management Council March 6, 2019 Review and approve final draft of Agency Strategic Plan Pleath Officer and Performance Management Council March 21, 2019 Review and approve final draft of Agency Strategic Plan Performance Management Council March 25, 2019 Post Agency Strategic Plan to CHD internal and external Web pages | , | , c | |
| July 11, 2018 Priorities Assessment – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Strategic Planning Team Substance Abuse July 16, 2018 Priorities Assessment – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention July 30, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention August 1, 2018 Priorities Assessment and Create Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention August 1, 2018 Priorities Assessment and Create Strategies & Objectives and Identify Leads – Health Officer and Strategic Planning Team Group 4 August 6, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 10, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention Strategic Planning Team Group 4 Strategic Planning Team Group 1 & 2 September 20, 2018 Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan Update on draft of 2019-2022 Strategic Priorities January/February January/February Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan Health Officer and Performance Management Council March 21, 2019 Review and approve final draft of Agency Strategic Plan Health Officer and Performance Management Council March 25, 2019 Post Agency Strategic Plan to CHD internal and external Communications | March 16, 2018 | Conduct SWOT Analysis: Weaknesses & Strengths | |
| Emerging Public Health Threats, Mental Health, & Strategic Planning Team Group 3 July 16, 2018 Priorities Assessment – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention July 30, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention August 1, 2018 Priorities Assessment and Create Strategies & Objectives and Identify Leads – Health Equity, Health Officer and Strategic Planning Team Group 1 & 2 August 6, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 10, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 20, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention September 20, 2018 Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan November 15, 2018 Review and close-out of 2016-2018 Strategic Plan Health Officer and Performance Management Council November 15, 2018 Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan Health Officer and Performance Management Council March 21, 2019 Review and approve final draft of Agency Strategic Plan Health Officer and Performance Management Council March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages | April 13, 2018 | Conduct SWOT Analysis: Opportunities & Threats | |
| Health, Immunizations, Chronic Diseases, & Injury Prevention Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention August 1, 2018 August 1, 2018 August 6, 2018 Strategies & Objectives and Identify Leads – Belevity Agency Processes August 6, 2018 Strategies & Objectives and Identify Leads – Health Officer and Strategic Planning Team Group 1 & 2 Health Officer and Strategic Planning Team Group 4 Health Officer and Strategic Planning Team Group 4 August 6, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 10, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan November 15, 2018 Review and close-out of 2016-2018 Strategic Plan 2019 Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages | July 11, 2018 | Emerging Public Health Threats, Mental Health, & Substance Abuse | Strategic Planning Team Group 3 |
| August 1, 2018 Priorities Assessment and Create Strategies & Objectives and Identify Leads – Effective Agency Processes August 6, 2018 Strategies & Objectives Agency Processes Strategie Planning Team Group 4 August 6, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse Group 3 September 10, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention Group 1 & 2 September 20, 2018 Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan November 15, 2018 Review and close-out of 2016-2018 Strategic Plan Update on draft of 2019-2022 Strategic Priorities January/February 2019 Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan Health Officer and Executive Leadership Team March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages | • | Health, Immunizations, Chronic Diseases, & Injury Prevention | Strategic Planning Team Group 1 & 2 |
| and Identify Leads – Effective Agency Processes Strategic Planning Team Group 4 August 6, 2018 Strategies & Objectives and Identify Leads – Health Equity, Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 10, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention September 20, Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan November 15, Review and close-out of 2016-2018 Strategic Plan Update on draft of 2019-2022 Strategic Priorities January/February 2019 Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Strategic Planning Team Strategic Plan in Health Officer and Strategic Plan Performance Management Council Communications | July 30, 2018 | Maternal Child Health, Immunizations, Chronic Diseases, & | Strategic Planning Team |
| Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse September 10, 2018 Strategies & Objectives and Identify Leads – Health Equity, Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention September 20, 2018 Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan November 15, 2018 Review and close-out of 2016-2018 Strategic Plan Update on draft of 2019-2022 Strategic Priorities January/February 2019 Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Strategic Planning Team Group 3 Health Officer and Strategic Planhangement Council Health Officer and Performance Management Council Strategic Plan Manager and Strategic Plan Health Officer and Executive Leadership Team Health Officer and Performance Management Council Communications | | and Identify Leads – Effective Agency Processes | Strategic Planning Team Group 4 |
| Maternal Child Health, Immunizations, Chronic Diseases, & Injury Prevention September 20, 2018 Update on Strategic Plan Objectives that will continue in new 2019-2022 Strategic Plan November 15, 2018 Review and close-out of 2016-2018 Strategic Plan Update on draft of 2019-2022 Strategic Priorities January/February 2019 March 6, 2019 March 21, 2019 March 25, 2019 March 25, 2019 Maternal Child Health, Immunizations, Chronic Diseases, & Strategic Plan Orion Health Officer and Performance Management Council Health Officer and Performance Management Council Strategic Plan Manager and Strategy Leads Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place Review and approve final draft of Agency Strategic Plan goals and objectives March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Communications | August 6, 2018 | Infectious Diseases, Emerging Public Health Threats, Mental Health, & Substance Abuse | Strategic Planning Team Group 3 |
| November 15, 2018 Review and close-out of 2016-2018 Strategic Plan Update on draft of 2019-2022 Strategic Priorities January/February 2019 Meetings with Strategy Leads to finalize Objectives and ensure Action Plans are in place March 6, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Management Council Health Officer and Performance Management Strategy Leads Health Officer and Executive Leadership Team Health Officer and Performance Management Council Communications | | Maternal Child Health, Immunizations, Chronic Diseases, & | Strategic Planning Team |
| 2018 Update on draft of 2019-2022 Strategic Priorities Management Council | - | | |
| 2019 ensure Action Plans are in place Strategy Leads March 6, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives Leadership Team March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Strategy Leads Health Officer and Performance Management Council Communications | 2018 | | |
| goals and objectives March 21, 2019 Review and approve final draft of Agency Strategic Plan goals and objectives March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Leadership Team Health Officer and Performance Management Council Communications | | | |
| goals and objectives Performance Management Council March 25, 2019 Post Agency Strategic Plan to CHD internal and external web pages Communications | March 6, 2019 | | |
| web pages | · | goals and objectives | Performance Management Council |
| March 25, 2019 Upload Agency Strategic Plan to State Accreditation Site Strategic Plan Manager | March 25, 2019 | | Communications |
| | March 25, 2019 | Upload Agency Strategic Plan to State Accreditation Site | Strategic Plan Manager |

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Strategy Map

STRATEGIC PRIORITY AREAS

STRATEGIC PRIORITY AREA 1: HEALTH EQUITY

GOAL: Ensure Polk County residents will have opportunities to achieve healthier outcomes

- 1.1 Reduce racial disparity in infant mortality
- 1.2 Reduce births to teens
- 1.3 Provide ongoing education and awareness related to health equity and social determinants of health for staff and community
- 1.4 Eliminate health gaps between different communities

STRATEGIES

• 1.1.1 By 6/30/20, reduce the Polk County 3-year rolling average rate for black infant mortality from 17.3 (2014-2016) to 16.0 per 1000 births.

OBJECTIVES

- 1.2.1 By 12/31/19, ensure at least 83% of teen local FDOH-Polk family planning clients adopt an effective or higher method of birth control (2018 baseline: 84.19%).
- 1.3.1 By 12/31/20, identify and provide social determinants of health trainings and tools to 85% of FDOH-Polk staff (2017-2018 baseline: 83.13%) and three (3) community groups (2017-2018 baseline: 3 groups).
- 1.4.1 By 12/31/22, identify 1 (baseline 0) under-resourced community to engage, identify their environmental health issues, set priorities for action, and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-

STRATEGIC PRIORITY AREA 2: LONG, HEALTHY LIFE

GOAL: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

- 2.1 Reduce cancer incidence
- 2.2 Increase screening mammogram rate
- 2.3 Improve healthy weight in children
- 2.4 Improve oral health in children
- 2.5 Reduce prevalence of HIV/AIDS
- 2.6 Promote tobacco cessation among Florida's youth and adults
- 2.7 Increase childhood vaccinations

- 2.1.1 By 12/31/20, increase the percent of FDOH-Polk clients ages 11-15 years who have completed the full series (2 doses) of the Human Papilloma Virus (HPV) vaccine from 11% (2018) to 13%.
- 2.2.1 By 12/31/22, ensure that a minimum of 45% of female FDOH-Polk clients ages 50-69 years have received a screening mammogram within 1 year (2018 baseline: 39%).
- 2.3.1 By 12/31/19, provide 5-2-1-0 prescriptions to pediatric patients in at least 40% (2018 baseline: 34.32%) of scheduled wellchild visits for clients ages 2-18.
- 2.3.2 By 12/31/19, provide complete 5-2-1-0 school health nursing curriculum to at least one (1) 3rd grade classrooms at six (6) Polk County elementary schools (SY 17-18 baseline: 4 schools).
- 2.3.3 By 12/31/20, provide breastfeeding training to at least 80% (baseline 0) of FDOH-Polk OB, primary care, and pediatric
- 2.4.1 By 7/1/19, increase percentage of 2nd grade students enrolled in FDOH-Polk assigned Title 1 schools who receive dental sealants from 29.5% (2018-2018) to 31%.
- 2.5.1 By 12/31/20, increase the HIV viral suppression rate from 87.5% (2018) to 90% for FDOH-Polk Ryan White patients who have had at least one medical visit with the last HIV viral load test results less than 200 copies/mL during the measurement year.
- 2.6.1 By 12/31/22, establish or strengthen 3 additional tobaccofree policies in the community (baseline: 5 tobacco-free policies established/strengthened during 2018).
- 2.7.1 By 12/31/19, increase mandatory 2-year-old vaccination rates from 91% (2018) to 93% by ensuring all clinical and clerical staff are trained in properly identifying FDOH-Polk clients as opposed to single-visit patients.

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STRATEGIC PRIORITY AREAS

STRATEGIC PRIORITY AREA 3: READINESS FOR EMERGING HEALTH THREATS

GOAL: Demonstrate readiness for emerging health threats

STRATEGIES

- 3.1 Increase vaccination rates in adults.
- 3.2 Increase agency and community readiness for emerging health threats.
- 3.3 Increase preparedness for emerging public health threats.

OBJECTIVES

- 3.1.1 By 4/30/19, conduct 10 influenza vaccination outreach events to high-risk populations (2017-2018 flu season baseline: 8 high-risk influenza outreach events).
- 3.1.2 By 12/31/22, increase the Hepatitis B vaccination rate from 80% (2018) to 90% for FDOH-Polk Ryan White patients who completed the vaccination series for Hepatitis B or have documentation of having immunity for Hepatitis B.
- 3.2.1 By 6/30/19, establish a call center team to assist Epidemiology during a public health emergency, conduct a training and exercise to assess its capabilities, and perform an annual review to ensure key components (e.g., sufficient numbers of trained staff and functioning equipment) remain in place (baseline: not established).
- 3.3.1 By 12/31/20, establish an additional 2 Closed Points of Dispensing (PODs) in Polk County (increase from 3 to 5 closed PODs).

STRATEGIC PRIORITY AREA 4: EFFECTIVE AGENCY PROCESSES

GOAL: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices, and a culture of quality

- 4.1 Ensure effective agency operations
- 4.2 Ensure CHD is functioning within its annual operating budget
- 4.3 Produce and implement a workforce development plan
- 4.4 Conduct a community health assessment (CHA)
- 4.5 Develop, implement, and monitor a community health improvement plan (CHIP)
- 4.6 Establish a culture of quality using evidence-based strategies

- 4.1.1 For 2019, ensure a minimum of 80% for the 12-month rolling employee retention rate for CS and SES new hires (2018 baseline: 90.3%).
- 4.1.2 By 12/31/21, increase the ACEHS from 86% to 90%.
- 4.2.1 By June 30 of each year, maintain FDOH-Polk Cash Balance between 3% and 10% (2018 baseline: 7.40%).
- 4.3.1 By 12/31/19, create, implement, and monitor a local workforce development plan that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 8.1 and 8.2 and produce an annual progress report and revisions (baseline: no WFD plan).
- 4.4.1 By 6/30/20, conduct a community health assessment that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 1.1 and 1.3 (current CHA 2015).
- 4.5.1 By 12/31/20, complete implementation of 2016-2020 community health improvement plan (CHIP) and develop a new CHIP that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 5.1 and 5.2 and produce 2 annual progress reports and revisions on 2016-2020 CHIP (2018 annual progress report and revisions submitted 1/16/18 and 1/3/18).
- 4.6.1 By 4/30/19, submit at least one Tax Watch Productivity Award nomination (4 submitted between 2014-2018).
- 4.6.2 By 9/30/19, implement a local Quality Improvement Plan that
 meets the necessary requirements from the Public Health Accreditation
 Board listed in Measure 9.2 and produce an annual progress report
 (2018 annual progress report submitted 9/28/18).



Strategic Priorities

Strategic Priority Area 1: Health Equity

Goal 1: Ensure Polk County residents will have opportunities to achieve healthier outcomes

| Strategy | Objective |
|--|--|
| 1.1 Reduce racial disparity in infant mortality | 1.1.1 By 6/30/20, reduce the Polk County 3-year rolling average rate for black infant mortality from 17.3 (2014-2016) to 16.0 per 1000 births. |
| | Lead: Dee Zerfas, Healthy Start Program Manager Responsible Unit(s): Healthy Start, WIC, Florida Healthy Babies Team |
| 1.2 Reduce births to teens | 1.2.1 By 12/31/19, ensure at least 83% of teen local FDOH-Polk family planning clients adopt an effective or higher method of birth control (2018 baseline: 84.19%). |
| | Lead: Jennifer Dickinson, RN, Senior Community Health Nursing Supervisor Responsible Unit(s): Family Planning Committee |
| 1.3 Provide ongoing education and awareness related to health equity and social determinants of health for staff and community | 1.3.1 By 12/31/20, identify and provide social determinants of health trainings and tools to 85% of FDOH-Polk staff (2017-2018 baseline: 83.13%) and three (3) community groups (2017-2018 baseline: 3 groups). |
| | Lead: Taylor Freeman, Public Health Planning Manager Responsible Unit(s): Community Health Services, Workforce Development |
| Eliminate health gaps between different communities | 1.4.1 By 12/31/22, identify 1 (baseline 0) under-resourced community to engage, identify their environmental health issues, set priorities for action, and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH). |
| | Lead: Cynthia Goldstein, Environmental Health Director Responsible Unit(s): Environmental Health |



Strategic Priority Area 2: Long, Healthy Life

Goal 2: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.

| Strategy | Objective | | | | |
|-------------------------------|--|--|--|--|--|
| 2.1 Reduce cancer risk | 2.1.1 By 12/31/20, increase the percent of FDOH-Polk | | | | |
| | clients ages 11-15 years who have completed the full series | | | | |
| | (2 doses) of the Human Papilloma Virus (HPV) vaccine from 11% (2018) to 13%. | | | | |
| | 10111 1170 (2010) to 1370. | | | | |
| | Lead: Monica Guy, LPN, Vaccine Coordinator | | | | |
| | Responsible Unit(s): Immunization Program Office | | | | |
| 2.2 Increase screening | 2.2.1 By 12/31/22, ensure that a minimum of 45% of female | | | | |
| mammogram rate | FDOH-Polk clients ages 50-69 years have received a | | | | |
| | screening mammogram within 1 year (2018 baseline: 39%). | | | | |
| | Lead: Jill Hoagland, RN, Assistant Nursing Director | | | | |
| | Responsible Unit(s): Adult Health, Accounts Receivable | | | | |
| 2.3 Improve healthy weight in | 2.3.1 By 12/31/19, provide 5-2-1-0 prescriptions to pediatric | | | | |
| children | patients in at least 40% (2018 baseline: 34.32%) of | | | | |
| | scheduled well-child visits for clients ages 2-18. | | | | |
| | Lead: William "Buzz" Hall, RN, Senior Community Health | | | | |
| | Nursing Supervisor | | | | |
| | Responsible Unit(s): Pediatrics | | | | |
| | 2.3.2 By 5/31/19, provide complete 5-2-1-0 school health | | | | |
| | nursing curriculum to at least one (1) 3 rd grade classroom at | | | | |
| | 6 Polk County elementary schools (SY 17-18 baseline: 4 | | | | |
| | schools). | | | | |
| | Lead: Deanna Kirkland, RN, School Health Nursing | | | | |
| | Supervisor | | | | |
| | Responsible Unit(s): School Health | | | | |
| | 2.3.3 By 12/31/20, provide breastfeeding training to at least | | | | |
| | 80% (baseline 0) of FDOH-Polk OB, primary care, and | | | | |
| | pediatric providers. | | | | |
| | Lead: Christine Smith, IBCLC, Breastfeeding Coordinator | | | | |
| | Responsible Unit(s): WIC/Nutrition Division | | | | |

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| 2.4 Improve oral health in children | 2.4.1 By 7/1/19, increase percentage of 2nd grade students enrolled in FDOH-Polk assigned Title I schools who receive dental sealants from 29.5% (2017-2018) to 31%. Lead: Tonja Johnson, Dental Program Manager Responsible Unit(s): Dental | | | |
|--|--|--|--|--|
| 2.5 Reduce prevalence of HIV/AIDS | 2.5.1 By 12/31/20, increase the HIV viral suppression rate from 87.5% (2018) to 90% for FDOH-Polk Ryan White patients who have had at least one medical visit with the last HIV viral load test results less than 200 copies/mL during the measurement year. | | | |
| | Lead: Leroy Dux, Specialty Care Clinic Health Center Administrator Responsible Unit(s): Nursing, Case Management, Linkage to Care Coordinator, Data Management/Analysis | | | |
| 2.6 Promote tobacco cessation among Florida's youth and adults | 2.6.1 By 12/31/22, establish or strengthen 3 additional tobacco-free policies in the community (baseline: 5 tobacco-free policies established/strengthened during 2018). | | | |
| | Lead: Juli Davis, Tobacco Program Manager Responsible Unit(s): Tobacco Prevention | | | |
| 2.7 Increase childhood vaccinations | 2.7.1 By 12/31/19, increase mandatory 2-year old vaccination rates from 91% (2018) to 93% by ensuring all clinical and clerical staff are trained in properly identifying DOH clients as opposed to single-visit patients. | | | |
| | Lead: Tammy Durden, RN, Director of Nursing & Community Health Services Responsible Unit(s): Immunization Program Office, Clinics | | | |



Strategic Priority Area 3: Readiness for Emerging Health Threats

Goal 3: Demonstrate readiness for emerging health threats.

| Strategy | Objective | | | | |
|--|---|--|--|--|--|
| 3.1 Increase vaccination rates in adults | 3.1.1 By 4/30/19, conduct 10 influenza vaccination outreach events to high-risk populations (2017-2018 flu season baseline: 8 high-risk outreach events). | | | | |
| | Lead: Maria Castro, RN, Senior Community Health Nurse Responsible Unit(s): Immunizations | | | | |
| | 3.1.2 By 12/31/22, increase the Hepatitis B vaccination rate from 80% (2018) to 90% for FDOH-Polk Ryan White paties who completed the vaccination series for Hepatitis B or had documentation of having immunity for Hepatitis B. | | | | |
| | Lead: Monica Guy, LPN, Vaccine Coordinator Responsible Unit(s): Immunization Program Office, Specialty Care Clinic | | | | |
| 3.2 Increase agency and community readiness for emerging health threats. | 3.2.1 By 6/30/19, establish a call center team to assist Epidemiology during a public health emergency, conduct a training and exercise to assess its capabilities, and perform an annual review to ensure key components (e.g., sufficient numbers of trained staff and functioning equipment) remain in place (baseline: not established). | | | | |
| | Lead: Greg Danyluk, Epidemiologist Responsible Unit(s): Epidemiology, Communications, IT, Community Health Services | | | | |
| 3.3 Increase preparedness for emerging public health threats. | 3.3.1 By 12/31/20, establish an additional 2 Closed Points of Dispensing (PODs) in Polk County (increase from 3 to 5 Closed PODs). | | | | |
| | Lead: Jennifer Brandow, Public Health Preparedness Planner Responsible Unit(s): Preparedness | | | | |



Strategic Priority Area 4: Effective Agency Processes

Goal 4: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and a culture of quality.

| Strategy | Objective |
|---|--|
| 4.1 Ensure effective agency operations | 4.1.1 For 2019, ensure a minimum of 80% for the 12-month rolling employee retention rate for CS and SES new hires (2018 baseline: 90.3%). |
| | Lead: Joanna Fowler, Workforce Development Coordinator Responsible Unit(s): Workforce Development |
| | 4.1.2 By 12/31/21, increase the ACEHS from 86% to 90%. |
| | Lead: Cynthia Goldstein, Environmental Health Director Responsible Unit(s): Environmental Health |
| 4.2 Ensure CHD is functioning within its annual operating budget | 4.2.1 By June 30 of each year, maintain DOH-Polk Cash Balance between 3% and 10% (2018 baseline: 7.40%). |
| | Lead: Sonny Register, Assistant Director Responsible Unit(s): Finance & Accounting Office |
| 4.3 Produce & implement a workforce development plan | 4.3.1 By 12/31/19, create, implement, and monitor a local workforce development plan that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 8.1 and 8.2 and produce an annual progress report and revisions (baseline: no WFD plan). |
| | Lead: Joanna Fowler, Workforce Development Coordinator Responsible Unit(s): Workforce Development |
| 4.4 Conduct a community health assessment (CHA) | 4.4.1 By 6/30/20, conduct a community health assessment that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 1.1 and 1.3 (current CHA 2015). |
| | Lead: Taylor Freeman, Public Health Planning Manager Responsible Unit(s): Community Health Services |

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| Strategy | Objective |
|--|---|
| 4.5 Develop, implement, and monitor a community health improvement plan (CHIP) | 4.5.1 By 12/31/20 complete implementation of 2016-2020 community health improvement plan (CHIP) and develop a new CHIP that meets the necessary requirements from the Public Health Accreditation Board listed in Measure 5.1 and 5.2 and produce 2 annual progress reports and revisions on 2016-2020 CHIP (2018 annual progress report and revisions submitted 1/16/18 and 1/3/18). |
| | Lead: Jenna Levine, Public Health Planning Manager Responsible Unit(s): Community Health Services |
| 4.6 Establish a culture of quality using evidence-based strategies | 4.6.1 By 4/30/19, submit at least one Tax Watch Productivity Award nomination (4 submitted between 2014-2018). Lead: Sylvie Grimes, Quality Assurance Manager Responsible Unit(s): Performance Management/Quality Assurance |
| | 4.6.2 By 09/30/19, implement a local Quality Improvement Plan that meets the necessary requirements from the Public Health Accreditation Board listed in Measure 9.2 and produce an annual progress report (2018 annual progress report submitted 9/28/18). |
| | Lead: Sylvie Grimes, Quality Assurance Manager Responsible Unit(s): Performance Management/Quality Assurance |

APPENDIX A Strategic Planning Participants

The Florida Department of Health in Polk County 2019-2022 Agency Strategic Planning Participants

Jennifer Brandow

Public Health Preparedness Planner

Greg Danyluk

Epidemiologist

Juli Davis

Tobacco Program Manager

Jennifer Dickinson

Senior Community Health Nursing Supervisor

Beverly Dodson

Registered Nursing Consultant

Tammy Durden

Director of Nursing & Community Health Services

Leroy Dux

Specialty Care Clinic Health Center Administrator

Joanna Fowler

Workforce Development Coordinator

Taylor Freeman

Public Health Planning Manager

Cynthia Goldstein

Environmental Health Director

Sylvie Grimes

Quality Assurance Manager

Monica Guy

Vaccine Coordinator

William "Buzz" Hall

Senior Community Health Nursing Supervisor

Doug Harvey

Clinical Director

Jill Hoagland

Assistant Nursing Director

Joy Jackson, MD

Director & Health Officer

Tonja Johnson

Dental Program Manager

Deanna Kirkland

School Health Nursing Supervisor

Jenna Levine

Public Health Planning Manager

Leslie McKay Epidemiologist

Sonny Register
Assistant Director

Udomsak "Kat" Rittichaikul

Human Services Program Consultant

Scott Sjoblom

eHealth and Communications Director

Christine Smith

Breastfeeding Coordinator

Roselyn Smith

Healthy Start Supervisor

Arcelia Whitley Legal Assistant

Suzanne Wright

WIC/Nutrition Director

Dee Zerfas

Healthy Start Program Manager

APPENDIX B Monitoring Summary

Monitoring Summary

As depicted in the image below, strategic planning is a key component of the larger performance management system. This statewide performance management system is the cornerstone of the Department's organizational culture of accountability and performance excellence. FDOH-Polk's Performance Management Council (PMC) consists of the Health Officer, Assistant Health Department Director, Division Directors, Quality Assurance staff, and Public Health Planning Managers. This council is responsible for measuring, monitoring, and reporting progress on the goals and objectives of the Strategic Plan, Community Health Improvement Plan, Quality Improvement Plan, Workforce Development Plan, Accreditation, and general performance management. The Council meets every other month to advise and guide the creation, deployment, and continuous monitoring and evaluation of the County Health Department's performance management system and its components.

Each objective within the Strategic Plan has been assigned to a lead for implementation and quarterly reporting on progress toward goals. In addition to monitoring at PMC meetings, the Strategic Plan Manager has established a process for quarterly reporting with all Strategic Plan Leads. Each Strategic Plan Lead has been asked to create an action plan detailing the activities that support implementation of the strategy used to meet the objective's target and the individuals and organizational units that have accepted responsibility for them. The Plan Manager will reach out to Strategy Leads quarterly to request updates on each objective. These reports will then be compiled into a spreadsheet for data tracking. Annually, a strategic plan progress report will be approved by the Council, assessing progress toward reaching goals, objectives and achievements for the year. The Plan will be reviewed each year, based on an assessment of availability of resources, data, community readiness, the current progress and the alignment of goals, and revised as necessary.

Planning for the next Strategic Plan will begin in 2021 to ensure there are no gaps between the end date of this plan and the beginning date of the new plan.



APPENDIX C Plan Alignment

Plan Alignment

| # | Objective | Organizational Priorities | State Strategic Plan/ CHIP/ QI Plan | Source |
|-------|--|--|---|-------------------------|
| 1.1.1 | By 6/30/20, reduce the Polk County 3-year rolling average rate for black infant mortality from 17.3 (2014-2016) to 16.0 per 1000 births. | Maternal/Child Health | State Strategic Plan/ CHIP | FL Health CHARTS |
| 1.2.1 | By 12/31/19, ensure at least 83% of teen local FDOH-Polk family planning clients adopt an effective or higher method of birth control (2018 baseline: 84.19%). | Maternal/Child Health | | HMS |
| 1.3.1 | By 12/31/20, identify and provide social determinants of health trainings and tools to 85% of FDOH-Polk staff (2017-2018 baseline: 83.13%) and three (3) community groups (2017-2018 baseline: 3 groups). | Health Equity | State Strategic Plan | Local Tracking |
| 1.4.1 | By 12/31/22, identify 1 (baseline 0) under-resourced community to engage, identify their environmental health issues, set priorities for action, and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH). | Health Equity | State Strategic Plan | Local Tracking |
| 2.1.1 | By 12/31/20, increase the percent of DOH-Polk clients ages 11-15 years who have completed the full series (2 doses) of the Human Papilloma Virus (HPV) vaccine from 11% (2018) to 13%. | Immunizations, Chronic Diseases, Infectious Diseases | State Strategic Plan / QI Plan | FL SHOTS |
| 2.2.1 | By 12/31/2022, ensure that a minimum of 45% of female FDOH-Polk clients ages 50-69 years have received a screening mammogram within 1 year (2018 baseline: 39%). | Chronic Diseases | QI Plan | HMS |
| 2.3.1 | By 12/31/19, provide 5-2-1-0 prescriptions to pediatric patients in at least 40% (2018 baseline: 34.32%) of scheduled well-child visits for clients ages 2-18. | Maternal/Child Health, Chronic Diseases | CHIP / State Strategic Plan | HMS & Local Tracking |
| 2.3.2 | By 5/31/19, provide complete 5-2-1-0 school health nursing curriculum to at least one (1) 3 rd grade classroom at 6 Polk County elementary schools (SY 17-18 baseline: 4 schools). | Maternal/Child Health, Chronic Diseases | CHIP / State Strategic Plan | Local Tracking |
| 2.3.3 | By 12/31/20, provide breastfeeding training to at least 80% (baseline 0) of FDOH-Polk OB, primary care, and pediatric providers. | Maternal/Child Health, Chronic Diseases | CHIP / State Strategic Plan | Local Tracking |
| 2.4.1 | By 7/1/19, increase percentage of 2 nd grade students enrolled in FDOH-Polk assigned Title I schools who receive dental sealants from 29.5% (2017-2018) to 31%. | Maternal/Child Health | | FLOSS |
| 2.5.1 | By 12/31/20, increase the HIV viral suppression rate from 87.5% (2018) to 90% for FDOH-Polk Ryan White patients who have had at least one medical visit with the last HIV viral load test results less than 200 copies/mL during the measurement year. | Chronic Diseases, Infectious Diseases | State Strategic Plan | Local Tracking |

| # | Objective | Organizational Priorities | State Strategic Plan/ CHIP/ QI Plan | Source |
|-------|--|--|---|----------------|
| 2.6.1 | By 12/31/22, establish or strengthen 3 additional tobacco-free policies in the community (baseline: 5 tobacco-free policies established/strengthened during 2018). | Chronic Diseases; Emerging PH Threats | State Strategic Plan | ATACS |
| 2.7.1 | By 12/31/19, increase mandatory 2-year old vaccination rates from 91% (2018) to 93% by ensuring all clinical and clerical staff are trained in properly identifying DOH clients as opposed to single-visit patients. | Immunizations, Maternal/Child Health | State Strategic Plan | FL SHOTS |
| 3.1.1 | By 4/30/19, conduct 10 influenza vaccination outreach events to high-risk populations (2017-2018 flu season baseline: 8 high-risk outreach events). | Immunizations, Infectious Diseases | | Local Tracking |
| 3.1.2 | By 12/31/22, increase the Hepatitis B Vaccination rate from 80% (2018) to 90% for FDOH-Polk Ryan White patients who completed the vaccination series for Hepatitis B or have documentation of having immunity for Hepatitis B. | Immunizations, Chronic Disease, Infectious Disease | QI Plan | CAREWare |
| 3.2.1 | By 6/30/19, establish a call center team to assist Epidemiology during a public health emergency, conduct a training and exercise to assess its capabilities, and perform an annual review to ensure key components (e.g., sufficient numbers of trained staff and functioning equipment) remain in place (baseline: not established). | Emerging PH Threats | | Local Tracking |
| 3.3.1 | By 12/31/20, establish an additional 2 Closed Points of Dispensing (PODs) in Polk County (increase from 3 to 5 Closed PODs). | Emerging PH Threats | | Local Tracking |
| 4.1.1 | For 2019, ensure a minimum of 80% for the 12-month rolling employee retention rate for CS and SES new hires (2018 baseline: 90.3%). | Effective Agency Processes | QI Plan | Local Tracking |
| 4.1.2 | By 12/31/21, increase the ACEHS from 86% to 90%. | Effective Agency Processes | QI Plan | ACEHS Report |
| 4.2.1 | By June 30 of each year, maintain DOH-Polk Cash Balance between 3% and 10%. | Effective Agency Processes | State Strategic Plan | FIRS |
| 4.3.1 | By 12/31/19, create, implement, and monitor a local workforce development plan that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 8.1 and 8.2 and produce an annual progress report and revisions (baseline: no WFD plan). | Effective Agency Processes | State Strategic Plan | Local Tracking |
| 4.4.1 | By 6/30/20, conduct a community health assessment that meets the necessary requirements from the Public Health Accreditation Board listed in Measures 1.1 and 1.3 (current CHA 2015). | Effective Agency Processes | | Local Tracking |

| # | Objective | Organizational Priorities | State Strategic Plan/ CHIP/ QI Plan | Source |
|-------|---|----------------------------------|---|----------------|
| 4.5.1 | By 12/31/20 complete implementation of 2016-2020 community health improvement plan (CHIP) and develop a new CHIP that meets the necessary requirements from the Public Health Accreditation Board listed in Measure 5.1 and 5.2 and produce 2 annual progress reports and revisions on 2016-2020 CHIP (2018 annual progress report and revisions submitted 1/16/18 and 1/3/18). | Effective Agency Processes | CHIP | Local Tracking |
| 4.6.1 | By 4/30/19, submit at least one Tax Watch Productivity Award nomination (4 submitted between 2014-2018). | Agency Effective Processes | QI Plan | Local Tracking |
| 4.6.2 | By 09/30/19, implement a local Quality Improvement Plan that meets the necessary requirements from the Public Health Accreditation Board listed in Measure 9.2 and produce an annual progress report (2018 annual progress report submitted 9.28/18). | Agency Effective Processes | QI Plan | Local Tracking |

APPENDIX D SWOT Analysis

DOH-Polk 2018 Strategic Planning SWOT Analysis Strengths (Internal)

- Healthy trust fund balance and well-negotiated payer contracts.
- Staff dedicated to our customers, mission and agency.
- Strong community partnerships.
- Strategically located throughout the county.
- Access to and utilization of multiple data sources.
- Strong disease monitoring surveillance system.
- Received Project Public Health Ready Status in 2017.
- Provide good peer support to surrounding counties and CHDs.
- Good county financial support in the form of ½ cent sales tax.
- Strong collaboration with Polk Vision, a collective impact organization, to align community resources.
- Proven ability to react and respond to urgent or emerging community issues.
- Commitment to being data driven and evidence based through Quality Improvement efforts and development of performance dashboards.
- Established strong internal CHIP team that incorporates state initiatives and works with community partners.
- Establishment of internal performance improvement teams including OSTDS, Family Planning, Lab Team, STD Team and Specialty Care CQM.
- Documented and standardized procedures and internal resources.
- Improved communication with staff and the public.
- Strength in graphic design that produces quality products for educational and public awareness efforts.
- Strong social media presence on Twitter.
- Aggressively pursue innovative opportunities such as HMS piloting, Amerigroup service outreach, Tele-dentistry, wichealth.org and E-Progress.
- Established a health outreach team to coordinate efforts among programs.
- Improved staff education and training opportunities.

Weaknesses (Internal)

- Ability to allocate and spend down budgeted funds due to restrictive rules and time constraints.
- Difficulty in recruiting and retaining qualified and well trained staff.
- Lack of strong succession planning.
- Lack of intentional and consistent leadership development.

Florida HEALTH Polk County

- Disparity between population served and workforce.
- Lack of strong feedback channel in response to communications to gauge effectiveness.
- Lack of predictive analytics to help us better prepare for changes in population that affect public health.
- Loss of authority in decision making as the agency becomes more centralized.
- Lack of a 5-year technology plan (including threats, upgrades, budgets, software, and replacements).

Opportunities (External)

- Improve data analysis on access to care and client utilization (no shows, referrals, losses to care, access preferences and trends).
- Improve financial sustainability (eligibility processes, grant acquisition and management, client health and insurance literacy, etc.).
- Strengthen tactics for staff recruitment, retention, and succession planning.
- Leverage existing and create new community partnerships and find opportunities for integrated behavioral and community health.
- More aligned continuum of care opportunities across providers and agencies.
- Continue to educate staff and the community on health equity.
- Promote Health in All Policies, ensuring that health and safety best practices are a consideration when developing local policies.
- Explore opportunities related to technology and Telehealth in a public health setting.
- Implement Smoke Free campuses and strengthen future policies.
- Explore what can be done as a public health entity to increase flu shots among staff.
- Reframe how HPV and recommended immunizations are presented to the public.
- Increase opportunities and partnerships for Employee Wellness efforts.
- Maintain coordination of community outreach efforts across Divisions and programs.
- Establish closed PODs (Point of Dispensing); partner among large entities in our community to dispense medication.
- Ensure successful implementation of PrEP (Pre-Exposure Prophylaxis for HIV) within our clinics.
- Track, promote, and celebrate our successes.

Threats or Challenges (External)

- Professional provider shortage of physicians, dentists, and mental health professionals.
- Limited authority to leverage social media has hampered ability to provide interventions, investigations, and health promotion efforts.
- High (and increasing) substance abuse, including abuse of opioids, negatively impacts health in the community.
- Lack of reliable community mental health data.
- Lack of funding to support behavioral health efforts.
- Lack of data to support correlation between mental health and chronic disease.
- Rising incidence of diabetes and asthma in children and adults.
- Rising severe and life-threatening allergies in children.

- Low health literacy.
- Complexity and variety of insurance options leads to confusion.
- Inability to pay (whether insured or uninsured) can prevent access to care.
- Cultural and linguistic mores (traditions, habits, behaviors) and stigmas contribute to health disparities.
- Distrust of the government is a barrier to serving the population.
- Lack of accessible transportation limits access to services.
- Reporting complexity and lack of stable funding for mandated services (Family Planning, HIV/AIDS, core services).
- Rising obesity rates in the community with a lack of resources to address this issue.
- Use of the Emergency Room for non-emergent issues (primary and secondary care).
- Frequent turnover of leadership at the State and Federal level.
- Lack of in-county medical specialists, especially those who accept Medicaid.
- Changes in legislative budgeting decisions hamper the ability for long-term planning.
- Aging facilities and lack of control over improvements.
- Competition from outside employers recruiting qualified staff.
- Purchasing restrictions, rules, and time constraints.
- Lack of funding sources for those who are unable to pay for regulatory violations.
- Reduction in employee incentives.
- Multiple agencies perform inspections and issue permits which leads to confusion of the public.
- Lack of funding for PACE-EH projects to address specific community issues.
- Our Medical Reserve Corps will no longer be funded.
- During times of emergency (ex. Special Needs Shelters), there is a lack of nursing staff to fill roles.

APPENDIX E Organizational Priorities

DOH-Polk Organizational Priorities

Florida Department of Health Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

* Florida Health Performs – Bi-weekly promotions

| Maternal / Child Health | Immunizations | Chronic Diseases | Injury Prevention | Infectious Diseases | Emerging PH Threats | Mental Health and Substance Abuse |
|---|---|---|---|---|---|--|
| | | | *Health Equity | / | | |
| *Infant Mortality (SG) FP (CORE) Teen Pregnancy | (CORE) Infancy *Child (SG) Adolescent Adult | Obesity Cancer Diabetes Heart Disease Asthma *Tobacco Inhaled nicotine (SG) Breast and Cervical | Trauma (SG)DrowningsFalls | (CORE) *HIV - (SG) STD TB Hepatitis Rabies EPI (CORE) | PHP Vector-borne Diseases Environmental Health (CORE) | Substance Abuse Mental Health |
| | | Cancer Dental | ffective Agency P | | | |

SG – Surgeon General Priorities

CHIP Priorities

| Group 1: Maternal and Child Health | / Immunizations Priorities |
|------------------------------------|----------------------------|
| | |

Maternal and Child Health

What are we doing?

- Infant Mortality
- Safe Sleep/Safe Baby
- Tobacco Cessation
- Breastfeeding
 - Baby Friendly Hospitals
 - Breastfeeding
 Friendly
 Childcare
 Facilities
- Preconception counseling
- Interconception
- Staff Education
- Community Forums
- Focus Groups
- Community Education
 - Safe Kids Event
 - Head Start SafeSleep
- Social Media
- Prenatal Care
- High risk prenatal care and care coordination
- Breastfeeding support groups

Who is working on this internally?

- Heathy Start
- WIC
- Clinics
- Tobacco Staff
- Community Health
- Health Outreach Team
- Florida Healthy Babies
 Team
- Communications

Community Partnerships Involved

- FIMR/FIMR CAG
- CADR Child Abuse Death Review Committee
- Florida Healthy Babies
 Community Team
- Healthy Start Coalition
- Health Care Taskforce
- TPPA
- InnerACT Alliance
- Hospitals (LRH/Nemours, WHWH, HOFRMC)
- Media
- Safe Kids
- Private Providers
- Dept. of Children and Families
- Children's Medical Services
- Polk County
 Breastfeeding Network
- La Leche League
- USF
- LRH/Nemours (Maternal Fetal Medicine)
- Lakeland Midwifery

New Ideas

- Birthing Centers promote Baby Friendly designation. Promote breastfeeding in birth centers
- Develop partnership with Head Start - Parent Flyer (Safe Sleep, Tobacco)
- East Coast Migrant
 Association childcare
 centers for breastfeeding and
 safety promotion
- Breastfeeding educational webinars for providers

| | | MomCare | |
|---|--|---|--|
| Family Planning Direct Clinical Services Preconception / Interconception reproductive life planning Contraceptive Educational Handout TRAIN Course Requirements for clinical staff Educational staff webinars – Central office Family Planning Education Clinic Business Card Press Release | Heathy Start WIC Clinics School Health Communications Family Planning Committee Health Outreach Team | Healthy Start Coalition TPPA Planned Parenthood Private Providers Central Florida Health Care | Advertising Campaigns Educational Opportunities for community |
| Teen Pregnancy Prevention Direct Clinical Services Health Communication promotions (social media, graphic design, etc.) School Health Teen Parent Program School Health Program | Heathy Start WIC Clinic School Health Communications Health Outreach Team | Healthy Start Coalition TPPA Planned Parent Hood PCSB | Conversation with PCSB to advance conversations about sexual health and pregnancy prevention |
| Immunizations | | | |
| What are we doing? • Promotion | Who is working on this internally? | Community Partnerships Involved • PCIC – Polk County | New Ideas |
| Health Communication promotions (social media, graphic design, etc.) | Immunization Program Office WIC | PCIC – Polk County Immunizations Coalition Private Providers PCSB | Pull reports from FL SHOTS Back to School Blasts |

| Webpage Community Forums Health Outreach events Infancy Promotion Screening Education Vaccinate Child Promotion Screening Education Vaccinate Hep A - Recommended Hep A - Recommended Adolescent Screen 7th graders Tdap - Mandated HPV - recommended Meningitis - recommended Meningitis - recommended Education Vaccinate Promotional Campaigns Adult Vaccinate Flu Pneumonia Shingles Tdap Promotion Travelers Imm | School Health Clinics Healthy Start Communications EPI Health Outreach Team Healthy Start | Healthy Schools SHAC Chamber of Commerce Day Cares Media Central Florida Health News COC – Citizens Oversite Committee Early Learning Coalition | School immunization events Pre-school immunization events Consider need for Health Educator |
|---|---|--|---|
|---|---|--|---|

| Education Vaccinate Influenza surveillance Schools Hospitals Outbreak Investigations | | Diseases / Injury Prevention | |
|--|--|---|--|
| What are we doing? Obesity 5210 Campaign School interventions – BMI screening and referral Healthy Schools pilot program Early Child Care and Education Breastfeeding Nutrition / Exercise counseling Health Communication promotions (social media, graphic design, etc.) Worksite wellness - community Worksite Wellness - DOH staff Health in all Policies | Who is working on this internally? • WIC • School Health • Clinics • Healthy Start • Communications • Healthiest Weight Florida – Central Office | Community Partnerships Involved Polk Vision Building a Healthier Polk Initiative Teams Polk Vision Infrastructure Team PTO PCSB SHAC Child Care Providers Health Care Providers State Communications Media COC TPO UF/IFAS Polk Indigent Health Plan | New Ideas PACE EH DOH School Health needs partners to teach 5210 |

| Breast / Cervical Cancer Early Detection and Prevention | ClinicsSchool HealthWIC | Florida Breast and Cervical Cancer Program Indigent Health Plan Free Clinics Private Providers Central Florida Health Care We Care | Promote HPV vaccine Outreach to underserved populations Consider need for Health Educator |
|---|---|---|---|
| Diabetes Diabetic School Health managers Direct Patient Services — Adults Staff Newsletter Insulin Program Prenatal counseling and referrals | School Health Clinics Communications WIC Healthy Start | PCSB Private Providers – Endocrinologist Nemours USF All Children's St Josephs | Consider need for Health Educator Form support group for children with Diabetes Education on Pre- Diabetes in community |
| Heart Disease Health Communication promotions (social media, graphic design, etc.) Promote national health observances CPR Training – staff Press the Chest Direct Patient Services - Adults | Communications Workforce Development Clinics | Media ResQ CPR (current) | Consider need for Health Educator Heart disease screenings for staff |

| Asthma Asthma Friendly Schools – Pilot Programs Direct Patient Services – Adults & Children Health Communication promotions (social media, graphic design, etc.) Air Quality Complaints Mold Complaints Action plans for asthmatic students | School Health Clinics Communications Environmental Health | PCSB Department of Environmental Protection (DEP) Head Start | Consider need for Health Educator |
|--|---|---|--|
| Tobacco Prevention Tobacco Free Polk SWAT Screenings & counseling Education Environmental Scans Promotion/ Sponsorships DOH Breathe Easy Zones Policy Change Point of Sale Young Adult Smoke Free Multi-Unit Housing Worksites (including trade schools) Health Communication promotions (social media, graphic design, etc.) Staff Education Clean Indoor Air Act Complaints | Tobacco Prevention Program Clinics Healthy Start WIC Communications Environmental Health Tobacco Policy Committee Health Outreach Team | SHAC PSCB AHEC Tri-County Healthy Start Coalition Tobacco Free Polk SWAT clubs Chamber of Commerce Stand Up Polk Coalition InnerACT Alliance Polk Vision Worksite Wellness Team Worksites Colleges Multi-unit Housing complexes Tobacco retailers BOCC | Trade schools in County to partner for policy change New contacts for policy change |

| Baby & Me Tobacco Free SCRIPT Dental School-based Sealant program Education Screenings Referrals Social Media Health Communication promotions (social media, graphic design, etc.) Direct Patient Services – Adults and Children Agreement with LRH for Dental Screening and Care of Unfunded adults with head and neck cancer needing radiation therapy Fluoridation Education and Water Monitoring | School Health Clinics Healthy Start WIC Communications Environmental Health – Water Program Health Outreach Team | PCSB Media Indigent Health Plan Private Dental Providers Traviss Technical Center LRH SHAC Boys and Girls Club, Inc. DEP County, Cities, and Municipalities Head Start Central Florida Health Care | Give Kids a Smile Day Consider need for Health Educator Partnering with Team Pouncey Foundation Partnering with Amerigroup |
|---|--|---|--|
| | Injur | y Prevention | |
| What are we doing? Safe Kids Day Car Seat Safety Fire Safety Water Safety Bike Safety Helmet fittings Poisoning Safety Safe Sleep Drowning Prevention | Who is working on this internally? • Community Health Planning • Healthy Start • WIC • Preparedness Staff • Clinic Staff • Incident Review Committee | Community Partnerships Involved Safe Kids Coalition Coalition on Injury Prevention Media PCSB Hospitals Law Enforcement EMS / Polk Fire Rescue Assisted Living Facilities CATT Rath Center | New Ideas Building Manager Safety Training Promotion of Gun Safety Body Mechanics Training Consider need for Health Educator East Coast Migrant Association partnership |

| City Proclamations Community Events Community Education Falls Prevention Bike Safety Active Shooter Training Defensive Driver Training (TRAIN) Media Severe Weather Hurricane Safety Health Communication promotions (social media, graphic design, etc.) Building Inspections Incident Review Committee Workplace Safety Training Medication Take Back Day promotion SHARPS Program Environmental Health Inspections | Workforce Development Environmental Health Building Managers General Facilities Health Outreach Team | 202 2000 | |
|---|--|---|--|
| Group 3: | ODE – Department of Education Group 3: Infectious Diseases / Emerging PH Threats / Mental Health and Substance Abuse | | |
| | Infectious Diseases | | |
| What are we doing? | Who is working on this | Community Partnerships Involved New Ideas | |
| HIV / AIDS | internally? | Private providers | |

| HIV Outreach Team MD Prenatal Clinic WIC – referral School Health – counseling and prevention Clinic – screening, counseling, prevention, and referral Healthy Start – care coordination for pregnant women & exposed infants STD DIS Team Health Outreach Team Health Outreach Team | Peace River Tri-County Jail Faith Based Communities Hospitals Community Testing Sites Dept. of Corrections Dept. of Juvenile Justice | Expand PrEP Expand nPEP DIS workers getting more involved with SHAC – HQ Hepatitis Outreach Team working with HIV/STD outreach |
|--|--|--|
| DIS Workers | Local Providers | Social Media |
| ClinicsHealthy Start | HospitalsJail | Potential Client Partner solicitation through select |
| School Health Communications Health Outreach Team | Dept. of Corrections Dept. of Juvenile Justice | websites Expand community partnerships for promotion Expedited partner therapy Advertise walk-in clinics |
| | MD Prenatal Clinic WIC – referral School Health – counseling and prevention Clinic – screening, counseling, prevention, and referral Healthy Start – care coordination for pregnant women & exposed infants STD DIS Team Hepatitis Outreach Team Health Outreach Team Health Outreach Team DIS Workers Clinics Healthy Start School Health Communications | MD Prenatal Clinic WIC – referral School Health – counseling and prevention Clinic – screening, counseling, prevention, and referral Healthy Start – care coordination for pregnant women & exposed infants STD DIS Team Health Outreach Team DIS Workers Clinics Healthy Start School Health Community Faith Based Communities Hospitals Community Testing Sites Dept. of Corrections Dept. of Juvenile Justice |

| Medication or treatment through 340B | | | |
|--|---|---|---|
| TB Screening in clinics Diagnosis Treatment Accept referrals Surveillance Disease Investigations PPD test – new and current employees Testing of refugees | Communicable Disease Manager TB Control Clinics DIS workers Legal Refugee Program Health Outreach Team | Local Providers Hospitals Jail Dept. of Corrections Dept. of Juvenile Justice | |
| Hepatitis Screenings Vaccination Referrals Surveillance Prevention Disease Outbreak Investigation Diagnosis and management in co-infected individuals (HIV + HEP C) Linkage to Care Perinatal Hepatitis | Communicable Disease Manager Healthy Start – Infant care coordination Clinics School Health Environmental Health EPI Communications Hepatitis Outreach Health Outreach Team | Private Providers Prisons Hospitals Dept. of Business and Professional Regulations (DBPR) – Hep A Department of Ag Rehab facilities Dept. of Corrections Dept. of Juvenile Justice | Expand to treating others with HEP C Seek funding opportunities State focus: testing and linkage to care 340B pricing for testing Hep A vaccination in jails Increase in Hep A, especially among IV drug users |

| Rabies Prevention education Receive bite reports Investigate animal bite exposures Collect specimens and send to state lab Coordinate County Rabies Task Force in Polk and Hardee Counties Provide post exposure prophylaxis Provider Education | Communicable Disease Manager Environmental Health State Lab Clinics School Health Immunizations clinic EPI Communications | Animal Control Hospitals Clinics Law Enforcement Local Vets PCSB Local Providers Municipalities Media Department of Ag | Consider need for Health Educator Continue to improve communication with public and hospitals for unneeded vaccinations |
|--|--|---|--|
| Influenza Educate staff, clients, and community Vaccinate – DOH Employees Vaccine outreach events to at-risk populations Surveillance Forward weekly state flu report to community partners Track and report cases and vaccinations to state and community partners Outbreak investigation Vaccination of pregnant women | Communicable Disease Manager School Health EPI Clinics Healthy Start State lab Flu outreach Health Outreach Team | PCSB Local Providers Hospitals Clinics Jail Local Pharmacies Head Start Programs | Consider need for Health Educator Promote vaccination of pregnant women |

| Staff Training OSHA Blood-borne Pathogens Biomedical Waste Supervisor Development Program Specific training and certification Tabletop exercises for communicable diseases Staff training for infectious disease | Workforce Development Clinical staff Dental staff WIC | • PCSB | Onboarding Processes for new employees Succession Planning Mentoring |
|--|--|--|--|
| Community Training Biomedical Waste Community Outreach 501 HIV training | Environmental Health Director Community Outreach Team EPI School Health DIS workers | PCSB g PH Threats | • |
| | Lillergiii | g FII IIIIcats | |
| What are we doing? Public Health Preparedness Updating emergency preparedness plans Polk County Health and Medical Coalition SpNS Planning Training Staffing FEMA training – New Employees and Community Exercises / table-tops | Who is working on this internally? PHP Environmental Health EPI DOH- Polk Staff Workforce Development Communications FL HANS – Health Alert Network System State Lab | Community Partnerships Involved Emergency Management Polk County Fire Rescue PCSO EMS Hospitals Southeastern University Florida Southern College Community Emergency Response Teams (CERT) Point of Dispensing Communities PCSO/ EMS / Fire Rescue | New Ideas Establish closed PODS |

| Outreach training to community Infectious Diseases (i.e. Ebola, ZIKA) Closed PODs - Point of Dispensing Volunteer recruitment CPR training Advanced First Aid Blood-borne Pathogen training POD lay-out Exercise - POD through put Public Health Hero recognition Everbridge ESF8 Lead Healthy Start client disaster plans | | Cypress Lakes Emergency Preparedness Advisory Committee (EPAC) Volunteers Regional Domestic Security Taskforce (RDSTF) Preparedness Planners Advisory Group Regional Planners Tampa Bay Health and Medical Coalition Local Emergency Preparedness Council | |
|--|--|--|--|
| Emerging Infectious Diseases Monitoring international health threats Monitor reportable diseases and conditions and investigate when indicated Resource to community partners for conditions that may impact public health (i.e. scabies, norovirus, etc) Vaccine preventable diseases Vector-borne diseases | PHP Clinics EPI Environmental Health School Health Healthy Start WIC Regional Emergency Response Advisor (RERA) Bureau of PHP Bureau of EPI | Hospitals Urgent Care Facilities Law Enforcement Fire Rescue Hazmat Local Government PCSB Ambulance Transport Services Emergency Management Media Private Providers Mosquito control | Creation and utilization of EPI strike team |

| Public Health Messaging Media, PSAs community presentations provider letters printed materials ConnectED Table Top Exercises DOH staff Community Live Events | State Emergency Management State Labs Communications Central Office Communications Immunizations DIS workers | Local businesses Day Cares CDC Emergency Preparedness Advisory Committee (EPAC) Department of Business and Professional Regulations (DBPR) Department of AG ALFs | |
|---|---|--|--|
| | Mental Health and | Substance Use Disorder | |
| What are we doing? • Substance Use Disorder | Who is working on this internally? | Community Partnerships InvolvedPCSO | New Ideas • As directed by Tallahassee |
| Employment Screening questions Pre-employment drug screening Drug testing of staff as required Substance abuse testing of TB clients, as needed EPI Surveillance Drug Screens of Pregnant Women per ACOG guidelines Participating in community efforts looking at substance use, abuse, and interventions | Clinics WIC Healthy Start Tobacco Staff Human Resources Legal Council EPI | EMS Local PD Poison Control Hospitals Tri-County Human Services Peace River Center Employee Assistance Program (EAP) InnerACT Alliance Stand Up Polk Coalition Colleges PCSB Dept. of Children and Families (DCF) | for Public Health Emergency Ingage Local mental health and substance abuse providers Investigate local action plan |

| Mental Health Mothers and Babies Curriculum on Post-partum depression Referral for grief counseling EAP Services Screen Adult Health Clients for depression using PHQ-9 Screen Healthy Start clients for depression using Edinburgh Depression Scale Refer clients for mental health services as indicated | Healthy Start School Health HR Clinics Group 4: Effect | Peace River Center Tri County Human Services Winter Haven Behavioral Health Lakeland Regional Health Central Florida Behavioral Health Network Bethany Center ImPower TeleHealth as contracted with Indigent Health Plan | |
|---|--|--|---|
| What are we measuring? Administrative Dashboard Agency Financials, including Trust Fund Balance Divisional and Programmatic Monitoring Operational Financial | Who is working on this internally? Division Directors HR Business Manager Director Assistant Director State Auditors | Community Partnerships Involved BOCC External Auditors DOH Hillsborough DCF | New Ideas Ongoing monitoring and management of staff vacancies keeping in mind adequate budget and rate Davis Productivity Awards QI Staff Training Utilize DOH Hillsborough trainings E-progress – WIC & expansion DCF – Access Kiosks |

| Programmatic Audits | | |
|--------------------------------------|---|--|
| Customer Satisfaction | 1 | |
| Employee Retention | 1 | |
| Staff Vacancies | | |
| Employee Satisfaction | | |
| Ryan White Grant | 1 | |
| Family Planning | 1 | |
| Performance Appraisals | 1 | |
| Staff Education | 1 | |
| County Performance Snapshot | | |
| Access Kiosks | | |

APPENDIX F Meeting Minutes

Executive Leadership Team Meeting March 6, 2019

Present: Tammy Durden, Jenna Levine, Doug Harvey, Dr. Jackson, Roland Reis, Sonny Register, Scott Sjoblom, Jenn Brandow, Suzanne Wright, Gerald Robinson, Twonia Edwards

| Updates | Person Responsible | Due Date | Comments |
|--------------------------|-----------------------|----------|---|
| Welcome | Dr. Jackson | | |
| | | | |
| Staff Presentations | | | |
| Jenn Brandow | | | COOP Annex & Direction and Control Annex |
| Jenna Levine | | | Strategic Plan update/review |
| Gerald Robinson | | | PFAS, PFOS, PFOA - Chemical Awareness |
| Administration – Sonny R | egister | | |
| Administrative Dashboard | Sonny | | Trust Fund: 3.92%- please watch expenditures closely |
| New Travel System | | | ■ DFS initiating new system; effective in June; Lauren is CHD champion and receiving training today; should have completed an account request form if staff expected to travel; anticipate necessity to print off authorizations from GoTravel to have travel properly reimbursed through transition period; no exact date yet as to when GoTravel will go down; Lauren will be sending clarification emails to staff as dates become known but we are to be fully transitioned to new system by June 30. |
| Purchase Cards | | | ■ DMS implementing a new P-card system; implementation to start May 1 and we are to be fully transitioned by June 30. Big change—when an invoice is received and reconciled that invoice will go to first line supervisor for approval and then to accounting. There will be time requirements. Again, DMS will be sending out more information and providing training in April. Lauren and David will be involved with the training and will be sending out emails with |

| | | more information as it becomes known. Excellent time to examine if all of our P-Cards are necessary vs convenient. |
|--|---------|--|
| FL Health Desk- revised | | New appearance for the FL Health Desk. New home page and easier to use/understandhopefully. Also getting reports. Suppose to be live April 14. |
| Lakeland clinic generator | | New generator will be installed in Lakeland over next 9 months. Will be capable of providing all services if power is lost. Received special preparedness budget authority. |
| Office of the Director – Dr. | Jackson | |
| Tallahassee update | Jackson | DOH leadership has been meeting with Exec leadership in Tallahassee. Reported on the DOH 100 Day Action Plan including critical Public Health initiatives of: Early Steps transition, HIV/AIDS elimination, Harmful Algal Blooms, Medical Marijuana, Springs Protection Act, Decrease Opioid overdoses, Hep A outbreak, transition of delivery of child-eligible services from Children's Medical Services (CMS) to WellCare, Water Quality and PFOS We should know about a new Surgeon General in the next couple of weeks Legislative session beginning. A number of proposed bills have the potential to impact the DOH |
| Update from West Central Consortium meeting, Feb 20 | Jackson | Dee Dee McGee provided an Equal Opportunity Section update, including: Discussed different types of discrimination and protected classes Discussed importance of reporting any complaint of sexual harassment (whether internal or external) to the EOS office within 24 hours Discussed ADA process |
| Announcements | All | |

| eHealth Innovation and Communications – Scott Sjoblom | | | |
|---|--------------|-----------|---|
| Workforce Development / Communications | | | |
| Length of Service Awards | Scott | Ongoing | Due in March: |
| | | | Angela Anderson – 10 years |
| | | | Carol Cassels – 15 years |
| | | | Yves Charles – 35 years |
| | | | Moriah Hill – 20 years |
| | | | Priscilla Scott – 20 years |
| Retirements | Scott | Ongoing | Mary Hunt – June 2019 |
| | | | Wayne Langford – July 2019 |
| Merit Awards | Scott | Ongoing | Be thinking of who in your division deserves an employee of the quarter award. |
| | | | Survey will be sent out at the end of the month and Joanna and Bev will meet |
| | | | individually with Division Directors to review nominations. |
| Public Health Hero | Scott | Ongoing | We've had a total of 51 nominations since the launch on 1/7! |
| Monthly Communication | Scott/Nicole | | March |
| Topics | | | National Nutrition Month |
| | | | Kick Butts Day – March 20 |
| | | | World TB Day – March 24 |
| | | | If your division has an event, program, or special accomplishment that you would like the |
| | | | public or the staff of the department to be aware of please contact our Communications |
| Franksias Batantias Bata | Coatt/Jaanna | Ac of 2/0 | department. We are available to assist you in getting the word out. |
| Employee Retention Rate | Scott/Joanna | As of 3/8 | 24 Month Period 98 SES and CS (ΔCS) employees hired |
| | | | 24 have left/been terminated |
| | | | 24.5% loss, 75.5% retention |
| | | | 24.5 % 1088, 75.5 % Teterition |
| | | | 18 Month Period |
| | | | 63 SES and CS (Δ CS) employees hired |
| | | | 12 have left/been terminated |
| | | | 19% loss, 81% retention |
| | | | 12 Month Period |
| | | | 35 SES and CS (ΔCS) employees hired |

| NEO Division Director Video | Joanna | | 3 have left/been terminated 8.6% loss, 91.4% retention 9 Month Period 29 SES and CS (ΔCS) employees hired 2 have left/been terminated 6.9% loss, 93.1% retention 6 Month Period 24 SES and CS (ΔCS) employees hired 2 has left/been terminated 8.3% loss, 91.7% retention 3 Month Period 15 SES and CS (ΔCS) employees hired 1 have left/been terminated 6.7% loss, 93.3% retention First trial run with Scott will be held tomorrow, 3/7. |
|------------------------------|---------------------|---------|---|
| Training Wellness Challenge | Joanna and Jenna | 4/1 | The Worksite Wellness team plans to launch a Wellness Challenge staff wide on 4/1. We will use our Site Champions to communicate information to local staff. The challenge is 5-2-1-0 focused and will last for 4 weeks, each week putting out information on one of the parts of 5-2-1-0. We would like to offer an incentive for staff to participate – prizes (water bottles?) for the worksite that has the most participation and a prize (fitness tracker? gift card?) for the overall points winner. |
| All Staff Day | ICS Team | 10/25 | Our next All Staff Day will be held on 10/25 at Lake Eva Conference Center. The theme is Winning@Wellness. A Save the Date announcement will be sent after today's meeting. More information will be available as planning continues. |
| Informatics – Rose & Ismelda | | | |
| Liberty Dental | Ismelda | Ongoing | ■ The new contract requires a pre-authorization for Surgical extractions, as well as for extractions on third molars. A clerk at every clinic will be assigned to submit the pre-auth in the portal. I will be going over the process with each of |

| Dental Calls (Call Center) | | Ongoing | the clerks. They will also follow-up on the authorizations, once approved, they will be submitting the claims. This process will help minimize our dental denials and will help us receive the reimbursement in a promptly manner. Once the clerks learn the process, they will also do the pre-auths for surgical procedures. Eli is currently doing the pre-authorizations for all clinics. I will be meeting with the clinic supervisors to work on a plan for dental to take back their calls. The plan is to have three of the front office clerks to schedule the dental appointments. This will help reduce the consistent errors that we are currently seeing. |
|---------------------------------|------|---------|---|
| Incidents | Rose | | 2 Incidents – WIC Lost Badge & Employee accessing own and minor child's HMS record. |
| Pilot – PFS Bulk | | | Still in pilot phase for ordering PFS Bulk meds – Auburndale and Lakeland are on board, staff seem to handling this with ease. In the near future, will add the other sites. |
| Quality Assurance – Sylvie & Be | ev | | |
| | | | TaxWatch Productivity Awards |
| | | | TaxWatch Productivity Awards are open and accepting nominations in three |
| | | | categories this year: Technology, Service Delivery Improvement, and Quality of Life |
| | | | Improvement. Sylvie is assisting with three submissions so far, a fourth is pending. |
| | | | Please contact her by March 15 th if you want assistance prepping. Nominations must be signed by Dr. Jackson and submitted to HQ by March 22 nd . |
| | | | March 22-April 8: Nominations reviewed by headquarters; approved nominations contacted for web submission. April 8th: Web submission to TaxWatch is due. July 1-15: TaxWatch announces winners. Mid-Sept: Ceremony/Luncheon takes place. |
| | | | DOH Performance Standards |
| | | | The April 16th regional PMQI meeting (9am-3pm) will focus on the QI, Workforce |
| | | | Development, and EOP plans as relates to accreditation requirements. An overview |
| | | | of requirements for accreditation for all three plans will be covered. |
| | | | A short overview of the tracking and submission process for EOP plans will be |
| | | | covered by HQ EOP staff. Emergency Operations contacts from each county are |

| | | | invited to participate in the meeting via conference call, if travel prohibits in- | | | | | |
|-----------------------------|--------------|----------|---|------------------------------------|------------------------------------|--------------------------------|--|--|
| | | | person attendance. | | | | | |
| | | | 2019 Spring QI Training Schedule March 15 th – QI "Lite"; All Staff Day, Pasco County; 11:00-12:00 | | | | | |
| | | | | | | | | |
| | | | March 26 th – QI 101; Hardee County (2 Sessions, AM, PM), Wauchula; All Day | | | | | |
| | | | | | | | | |
| | | | • | – OI 102: Polk Cou | nty, Bartow; 1:00-4:00 |) | | |
| | | | | | inty, Wauchula; 8:30-1 | | | |
| | | | • | • | ty, Bartow; 8:30-12:00 | | | |
| | | | IHC Metrics | , | , | | | |
| | | | Next reporting period of IHC Quality Metrics for BMI Follow-up and Tobacco | | | | | |
| | | | Cessation Counseli | ng is April 20 th . Ren | ninders of proper codi | ng practices for these | | |
| | | | measures have been shared with clinical management. | | | | | |
| | | | Metric Last Quarter Current Quarter Goal | | | | | |
| | | | | | | | | |
| | | | | Oct-Dec | Jan-Mar (as of 3/5/19) | | | |
| | | | BMI | 21.90% | 21.97% | 70% | | |
| | | | Tobacco | 26.76% | 11.76% | 70% | | |
| | | | Coming Deadlines | | | | | |
| | | | CHIP/CHA Annual F | Report and Strategi | c Plan Annual Report o | due on March 31st. | | |
| Clinical Services – Doug Ha | rvey | | | | | | | |
| Upcoming Dental Staff Day | Dental Staff | 3.15.19 | Our Dental Sta | ff Day will be held | on March 15 th at EOC o | our Theme: Throwback, | | |
| | | | 60's, 70's 80's, | and 90's | | | | |
| | | | Focusing on ba | ack to the basic train | ning for all staff | | | |
| Researching/Surveying to | Tonja | 03.11.19 | • | ind those individua | s interested in extende | ed hours were 50% yes | | |
| incorporate "Extended | | | and 50% no | | | | | |
| Hours" in Dental | | | · · | s 61% No and 39% \ | | | | |
| | | | | • | nded Hours" April 1st | Al. | | |
| Neighborhood Association | Tonja | | | - | ciation Center on Feb | 19 [™] great turn out | | |
| Meeting Westlake Residents | | | • | DOH and services o | | | | |
| Bartow | | | Met with abou | it 40 residents and : | spoke about FDOH and | services offered. | | |

| New STARS system is replacing PRISM | Leroy / Ovidiu | 3.4.19 | • | The State STD Office is replacing PRISM with STARS. This new system will incorporate updated definitions for syphilis and will have an additional emphasis on PREP. The system went live on 3-4-19. |
|---|-----------------|-----------|---|---|
| Submission of Annual Ryan White Service Report to HRSA and state office | Leroy/ Kat | 2.25-19 | | Kat completed the data submission for our 2018 Ryan White Program Service Report. We have 1458 Clients after de-duplication and removing those over 400% of federal poverty level. Viral Suppression rate was 88%; Retention to Care rate was 84% 19.3% of our clients are Hispanic; 48.6% identify as Black/African American; 64% are male. |
| Clinic Staff Meetings | Jill Hoagland | 3/15/2019 | • | Clinic Staff meetings scheduled for the week of 11 March (Mon-Thurs) |
| Community Health Service | es – Tammy Duro | den | | |
| School Health | | | | Basic is adding vaccines to their screening process next school year and will call it a "Health" Day. They will screen for vision, BMI, Scoli – and now offer mandatory and recommended vaccines. Need approval from PCSB to add recommended vaccines. Pre-K – finished their federal Head Start audit last week. The medical (DOH) portion went very well. |
| ТВ | | | • | The new TB nurse – Michael Aul – has started in the office March 4 th and is doing well so far. An orientation process has been created for him which includes shadowing the TB nurse in Orange County, and documenting with Sherrie Arnwine – our regional TB consultant. |
| Immunizations | | | • | The Immunization Audit was February 19 th and it went very well. Three sites were visited to observe the check-in process all the way through eligibility, vaccinating, post education, check-out, payment, etc. |
| Hepatitis | | | • | The weekly HEP A telephone conferences are still in effect. As of 3/5 there are 985 HEP A cases state wide. FL remains one of the 15 "HEP A Outbreak" states in the nation. Polk County is not severely impacted – but is considered to be impacted and is surrounded by <i>highly</i> impacted counties. The emphasis is still on vaccinating specific populations (inmates, homeless, drug users, MSMs), and targeting other areas of concern as they appear. |
| Healthy Start | | | • | The new methodology started and the new system of care (3/4). We are still waiting on the ACHA contract – should be coming this week. The HS Coalition was supposed to get it this past Monday (3/4) and get it to us by the end of the |

| | | | • | week. \$90.00 per service for the mom/baby – 6 services for the mom and up to 8 services for the infant. The annual Q&I monitoring visit is scheduled for March 12 th (8:30 a.m. – 12:30 p.m. (they will review records, interview staff and supervisors) and then an exit interview will be held at the end). Melanin Families Matter (Sat. 3/9) at 9:00 a.m. – 1:00 p.m. at LRH Women's Health Pavilion. The focus is on African American families in the 33805 zip code area. A medical panel with minority providers, nutrition education, etc., is scheduled; and getting feedback from those that attend to help identify future needs for these moms. This is part of the infant mortality objective/ strategies for Florida Healthy Babies. |
|------------------------------|--|-------------------|----|--|
| Strategic Plan/Accreditation | | | • | The Strategic Plan Progress Report (2018) and the Strategic Plan 2019-2022 will be presented at today's ELT meeting. Both documents are due to Tallahassee by March 31st. |
| СНА | | | • | The Survey was launched the end of February and will be open through April 21st. The Survey has been shared with our community partners and we are in the process of getting paper copies to all the clinics. To date (3/4) we have over 500 responses. |
| Environmental Health – G | erald Robinson fo | r Cynthia Goldste | in | |
| Supervisor Meeting | EH Supervisory Staff | 2/22 | • | Met at Circle B to discuss handling crisis situations. Had a live webinar by the EAP (very good), HR (Thanks Patricia!), and safety issues (Thanks David!). The supervisors came away with a better understanding of how to handle difficult, crisis situations. |
| Facilities Audit | John Cook Facilities Team | 4/1 | • | Recheck of the 2017 CAP. The Facilities staff is excited to show Tally how much they have improved in the last few years with almost all-new, dedicated, organized staff! |
| Radon Outreach Team | Mimi Williamson, Amanda Alejos, Dev Singh, Sean Hawk | 2/16 | • | Cattlemen's Rodeo Bartow: Reached over 200 people and distributed 20 kits to raise awareness of Radon in residential homes. Giving out test kits was a little harder, people didn't want to know the results, were afraid the government would make them tear down their house, and feared property values would drop. We have some work to do in raising awareness for sure. |

| | ***A most committed team, they even bought their own shirts to match the DOH logo!*** | | |
|--|---|--------------|---|
| Staffing | | Ongoing | Completed interviews for FP inspector, OSTDS program supervisor – top candidates selected, still in hiring process; and starting interviews for Petroleum (2 vacancies) on Thursday 3/7 |
| Session | | | A lot of environmental bills in the FL legislature that Tally is watching and providing EH Directors with updates as available. |
| Davis Productivity | | | Hopeful to submit for the vehicle fleet GPS in the technology section, Mimi is working with Sylvie on an application. |
| WIC-Nutrition – Suzanne | Wright | | |
| WIC and Head Start Sharing Data | Suzanne Wright | | WIC was unable to reach an agreement with Head Start Programs in Florida so WIC will not be able to share eligibility or health data with local programs without a signed release of information from caretaker or co-caretaker with specific information requested from WIC. WIC is not allowed to sign MOUs with individual Head Start or Early Head Start Programs. |
| March is National Nutrition Month Next Meeting: April 3, 2019 | Suzanne Wright | March 1 – 31 | National Nutrition Month 2019.pdf Eat Right, Live Right, Feel Right! |

Part 1: Agenda, Minutes & Summary

Florida Department of Health in Polk County
3rd Floor Administration Building, 1290 Golfview Avenue, Bartow FL 33830
March 21, 2019 * 8:30-10:00 AM

MEETING PURPOSE:

- Advise and guide the creation, deployment and continuous evaluation of the performance management system and its components.
- Monitor and evaluate performance toward achieving strategic objectives in health improvement, strategic, quality improvement and workforce development plans and make recommendations to improve performance.

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|---|---------------|------|---|
| Welcome | Dr. Jackson | | Call to Order (8:39am) |
| Review of Previous Meeting Action Items/Minutes | Sylvie Grimes | | (See Action Items List Below) |
| ■ PMQI/Central Office Updates | Sylvie Grimes | | PMQI Regional PMQI meeting took place on Feb 12th, 9:00-4:00PM. CHIP/CHA and Strategic Plans reviewed against DOH Performance Standards Checklists. PMQI meeting schedule determined for 2019. Team decided to rotate meeting locations at partner sites for 2019. April 16th (Location TBD) July 18th (In Sarasota with SWFL PMQI) October 16th (Location TBD) Team decided to work on a regional project – developing a recommended basic Body of Knowledge for DOH QI Leads. April PMQI will review 2 plans against the DOH Performance Standard Checklists: Local CHD Quality Improvement Plans, and Agency Workforce Development Plan. |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items April PMQI will also have a short overview of the EOP process and DOH standards for submission. EOP County Leads are invited to attend via phone or in person. July PMQI will review a state-wide NEO QI Training for all staff, piloting in SWFL and WCFL. |
|-----------------------------------|----------------|------|---|
| | | | Performance Management Has shared an annual progress report and has revised the Agency Strategic Plan. If you are interested in looking, the plan is available on Florida Health Performs. A <u>Dashboard</u> is available in tracking the objectives, also available under "Plan Progress Reports – Health Improvement and Strategic Plans" on Florida Health Performs site. |
| ■ 10-Minute Training | Sylvie Grimes | | (Deferred for Annual Plan Review) |
| "6-Pack" Plan Performance Reviews | | | |
| Accreditation | Taylor Freeman | | Report on Accreditation Activities |
| | | | Seven documents have been drafted for final review and posting by the March 31 st deadline. Documents were sent by email to PMC members prior to meeting and we are reviewing them electronically today. |
| | | | 2015 CHA, Revised September 2018 2016-2020 CHIP, Revised August 2018 2017-2018 CHIP Annual Progress Report, March 2019 DOH Performance Standards Checklist for CHA & CHIP, evaluating above documents. |
| | | | 2019-2022 Strategic Plan (New Cycle), March 2019 2018-2019 Strategic Plan Annual Report, March 2019 |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|------------|--------------|------|--|
| | | | DOH Performance Standards Checklist for Strategic Plan, evaluating above documents. |
| • CHIP/CHA | Jenna Levine | | Report on CHA Activities Community Health Assessment Survey Updates The Community Health Assessment Survey is currently in progress. Approx. 1400 responses so far. Initial responses indicate top health concerns are |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|-------|------|------|---|
| | | | updates are included in Appendix A through J (Pages 72-123). Items marked with green represent most current data available. Items marked in orange indicate disparities. In the next rendition of the CHA, we are planning to update the data on an annual basis, publishing the results to the internal and external website to share with the community. 2016-2020 CHIP, Revised August 2018 Goals, strategies and objectives have been marked within the document as either Revised, Reviewed, or Added. Note: An overview of CHIP Revisions and Additions were included as an appendix in the 2017-2018 CHIP Annual Progress Report, March 2019 (below), pgs. 17-25. Strategy 1.1.1 revised from "Engage primary care providers to promote healthy weight in children" to "Create continuity of messaging across pediatric settings." New goals include increased participation in 5210 programs. Strategy 1.3.1 "Engage local government leaders to prioritize money for sidewalks and in turn ensure the location and placement are on collector roads within a one-mile radius of schools." Included a discussion of the county's GIS map and whether this item could be made available to FDOH staff. Taylor Freeman to share county GIS contact information to reach out and explore the option. Strategic Priority 3 renamed "Healthy Babies" from "Infant Mortality." |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|-------|------|------|---|
| Topic | Lead | Time | Strategy 3.1.1 revised. New goal set, "By June 30, 2019, increase the percentage of women participating in Healthy Start and WIC programs by 5%." Strategy 3.5 completed ("Engage local hospitals to pursue Baby Friendly Status per the Healthiest Weight and Florida Healthy Babies workplans"). Remaining three strategies have revised targets: 3.2 "Promote safe sleep practices" —By June 30, 2020, reduce sleep-related deaths (Baseline: 23.3%, Target: 13.0%) 3.3 "Promote breastfeeding initiation among women enrolled in WIC in Polk County," — By June 30, 2019, increase the percentage of mothers who are breastfeeding (Baseline: 84.1%, Target: 85.0%); and 3.4 "Promote community advocacy within Polk zip codes with the highest risk of infant mortality" — By June 30, 2019, coordinate a community empowerment event to garner community buy-in (Baseline: 0, Target: 1). New section added to the CHIP, Strategic Priority 4: Injury Prevention. 4.1 Added, "Reduce the rate of drowning fatalities in children <5." (Baseline: 7.6, |
| | | | Target: 6.0) 4.2 Added, "Reduce the rate of pedestrian and bicycle fatalities." (Baseline: 67.4, Target: 60) |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|-------|------|------|--|
| | | | 4.3 Added, "Reduce the rate of falls-related deaths among adults aged 65+." (Baseline: 47.3, target 44). 2017-2018 CHIP Annual Progress Report, March 2019 Review of above revisions was completed. Accomplishments for the 2017-2018 period can be found in this document, pages 26-27. DOH Performance Standards Checklist for CHA & CHIP, evaluating above documents. All expectations for these performance standards were completely met except for the below: Expectation 6 - Limited: Regular meetings or communications with partners. This process will begin with the CHA workgroup/cohort which convened in October 2018 at the start of this new CHA cycle. Expectation 8 - Mostly: Ongoing process to refresh data and share with partners. While we have updated data within our CHA, we plan to improve this process and to have a minimum annual meeting with the CHA workgroup and other community partners. Expectation 13 - Mostly: Include in CHA factors contributing to special population health challenges. This was covered in our 2015 CHA, but we plan to expand our discussion of health equity in the next cycle. Expectation 14 - Mostly: Community review and contribution to information and assessment provided. This was not |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|------------------|--------------|------|--|
| | | | documented in our 2015 CHA, though we have presented these findings in various community meetings to gain community input and planning support. • Expectation 16 – Mostly: Data and Information from health assessments. We will be updating this annually and sharing with CHIP teams. • Expectation 17 – Mostly: Identify stakeholder's priority health issues and themes. We are planning to expand on our community's definition of "health" in the next CHA cycle. • Expectation 24 – Mostly: Designate responsible strategy owners by name and describe method of accountability. Currently, responsible owners are identified by organizations vs. individuals. This will be written into the new CHA. |
| ■ Strategic Plan | Jenna Levine | | Report on Strategic Plan Activities Annual/New Cycle Review of Following Documents: 2018-2019 Strategic Plan Annual Report, March 2019 A new planning cycle (2019-2022) began May 2018; only five objectives remained from the 2016-2018 plan. Four were retained for the new cycle. Healthy Mothers and Babies - RETAINED Strategy 1 – Reduce racial disparity in infant mortality; Reduce 3-year rolling average black infant mortality rate (Baseline: 10.8, Target: 9.8) |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|-------|------|------|---|
| | | | Strategy 2 – Reduce births to teens; Reduce 3-year rolling average of birth to teens (Baseline: 36.4, Target: 32.0) Readiness for Emerging Health – Not Retained Strategy 1 – Reduce HIV and STD prevalence; Complete 90% of objectives in the 2015 Young Adult STI Prevention Project; Phase one completed. Effective Agency Processes - RETAINED Strategy 1 – Ensure efficient agency operations; Maintain CS and SES annual employee retention rate (Baseline: 78.4%; Target: 85%) Strategy 1 - Ensure efficient agency operations; Increase the ACEHS Annual Score (Baseline: 86%, Target: 90%). 2019-2022 Strategic Plan (New Cycle), March 2019 Twenty-five objectives were developed for the new Strategic Planning cycle. Two objectives have already been completed. Health Equity – 4 objectives Reduce racial disparity in infant mortality (carryover) Reduce births to teens (carryover) Provide education for health equity and social determinants of health Eliminate health gaps between different communities (PACE-EH) Long, Healthy Life – 9 objectives Reduce cancer risk Increase mammogram referrals; discussion occurred during meeting to |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|-------|------|------|---|
| | | | revise this goal to "Increase screening mammogram rate," change client ages to 50-60, revise mammograms to 1 year, change the baseline to 39%, and change the target to 45%; questions were asked about the EHR/CQM0031 report searching for one- or two-years medical history per each visit. Improve healthy weight in children (3 objectives) 5-2-1-0 prescriptions 5-2-1-0 school health curriculum Breastfeeding training Improve oral health in children Reduce prevalence of HIV/AIDS Promote tobacco cessation Increase childhood vaccinations Readiness for Emerging Health Threats – 4 objectives Increase vaccination in adults (2 objectives) Increase vaccination outreach events - COMPLETE Hepatitis B vaccination for clients with HIV Increase agency and community readiness for emerging health threats. Increase preparedness for emerging public health threats. |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|-------|------|------|--|
| | | | Ensure effective agency operations (2 objectives) Employee Retention Rate ACEHS Ensure CHD is functioning within its annual operating budget Product and implement a workforce development plan Conduct a community health assessment (CHA) Develop, implement, and monitor a community health improvement plan (CHIP) Establish a culture of quality using evidence-based strategies (2 objectives) Submit one TaxWatch Productivity Award nomination – COMPLETE Implement a Quality Improvement Plan meeting PHAB requirements and produce an annual progress report. DOH Performance Standards Checklist for Strategic Plan, evaluating above documents. All expectations for these performance standards were completely met except for the below: Expectation 27 - Mostly: The plan includes a description of how targets were monitored. This will be included in the new cycle. Expectation 30 – Mostly: Action plans for each objective. This is being finalized. |

| Topic | Lead | Time Summary of Key Points, Decisions & Action Items |
|---|---------------|--|
| Quality Improvement | Sylvie Grimes | Report on QI Activities ● QI 102 Polk Course on 3/29 has been moved to April 26 th , 1:00-4:00, 3 rd Floor Conference Room, Bartow, of to lack of students to meet minimum class requirements on March 29th. |
| | | 2019 Updated QI Training Calendar QI 101, Polk, 01/07 (Complete) QI 101, Pasco 01/31 (Complete) QI 101 Lite (1 Hour for All Staff), Pasco, 03/15 (Complete) QI 101 Hardee (2 sessions), 03/26 QI 102, Hardee 04/09 QI 101, Polk 04/12 QI 102, Polk 04/26 |
| Workforce Development | Scott Sjoblom | Report on Workforce Development Activities Current template divides staff into tiers for training: management, supervisor, and front-line staff Working on identifying types of training for each tier. Template is very specific in what we must include. Would like to restart the twice a year leadership development training. We have been hearing talk about submission deadling for WFD Plan moving to December. |
| Other Topics | | |
| Recognition of Improved Performance/Upcoming Events and Opportunities | | Upcoming Awards and Recognition Opportunities 2019 TaxWatch Productivity Award Nominations Immunizations; VaxCare Environmental Health; Networkfleet GIS Lakeland Core; STD Access to Care 2019 NACCHO presenters notified, April 30th. |

| Topic | Lead | Time | Summary of Key Points, Decisions & Action Items |
|--|------|----------|--|
| Adjourn / Next Meeting | | 10:00 AM | Upcoming Conferences and Training NAHQ/FAHQ, Florida Association for Healthcare Quality Annual Conference in Kissimmee, April 30-May 3rd. NNPHI Public Health Improvement Training, New Orleans, June 12-13. NACCHO Annual Conference, Orlando, July 9-11. Meeting adjourned at 9:58 AM. |
| | | | Next Meeting Thursday, May 16th , 3 rd Floor Conference Room, Bartow Administration Building. Reminder of PMC Meeting on Thursday, June 27th , 8:30-10:00. (Meeting will be mid-year check-in on all plan progress towards goals.) |

ATTENDANCE:

| Name | Title | Position/Role | Check Box if Present |
|--------------------|---|---|-------------------------|
| Dr. Joy L. Jackson | Health Officer | Health Officer (Chair) | \boxtimes |
| Sonny Register | Assistant County Health Department Director | Senior Leadership Team | |
| Tammy Durden | Community Health Nursing Director | Senior Leadership Team, Strategic Plan Lead | |
| Cynthia Goldstein | Environmental Administrator | Senior Leadership Team | |
| Doug Harvey | Senior Public Health Services Manager | Senior Leadership Team | \boxtimes |
| Scott Sjoblom | Senior Management Analyst II | Senior Leadership Team, Workforce Development Lead | |

| Suzanne Wright | Public Health Services Manager | Senior Leadership Team | |
|-----------------|---|-----------------------------|-------------|
| Jenna Levine | Health Educator Consultant | CHIP/CHA Lead | \boxtimes |
| Taylor Freeman | Health Educator Consultant | Accreditation Lead | \boxtimes |
| Sylvie Grimes | Government Analyst II | QI Plan Lead, PMQI Champion | |
| Ginger Williams | Staff Assistant | Scribe | |
| Joanna Fowler | Staff Development & Training Consultant | Guest | |
| Beverly Dodson | Registered Nursing Consultant | Guest | |

Part 2: Planning and Tracking

| Item-light gray/white rows | 8/2/2018 | 9/20/2018 | 11/15/2018 | 1/17/2019 | 3/21/2019 | 5/16/2019 | 7/18/2019 | 9/19/2019 | 11/21/2019 | 1/16/2020 | 3/19/2020 | 5/16/2019 | 7/18/2019 | 9/19/2019 | 11/21/2019 |
|--|-------------|-------------|-------------|-----------|-------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|------------|
| PMQI Consortia Team Update (Quarterly) | \boxtimes | | \boxtimes | | \boxtimes | | | | | | | | | | |
| CHIP/CHA Performance Review (Quarterly) | | | | | \boxtimes | | | | | | | | | | |
| CHIP/CHA Annual Progress Report (Annually by March) | | | | | \boxtimes | | | | | | | | | | |
| CHIP/CHA Development or Revision (As Revisions Occur – Min Annually) | | \boxtimes | \boxtimes | | \boxtimes | | | | | | | | | | |
| Strategic Plan Performance Review (Quarterly) | | \boxtimes | \boxtimes | | | | | | | | | | | | |
| Strategic Plan Annual Progress Report (Annually by March) | | \boxtimes | \boxtimes | | | | | | | | | | | | |
| Strategic Plan Development or Revision (As Revisions Occur – Min Annually) | \boxtimes | \boxtimes | \boxtimes | | \boxtimes | | | | | | | | | | |
| Quality Improvement Plan Performance Review (Quarterly) | | \boxtimes | | | | | | | | | | | | | |

| Item-light gray/white rows | 8/2/2018 | 9/20/2018 | 11/15/2018 | 1/17/2019 | 3/21/2019 | 5/16/2019 | 7/18/2019 | 9/19/2019 | 11/21/2019 | 1/16/2020 | 3/19/2020 | 5/16/2019 | 7/18/2019 | 9/19/2019 | 11/21/2019 |
|--|-------------|-------------|-------------|-------------|-----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|------------|
| Quality Improvement Plan Annual Progress Report (Annually by September) | | | | | | | | | | | | | | | |
| Quality Improvement Plan Development or Revision (As Revisions Occur – Min Annually) | \boxtimes | | | \boxtimes | | | | | | | | | | | |
| Workforce Development Plan Performance Review (Quarterly) | | | | | | | | | | | | | | | |
| Workforce Development Plan Development or Revision (As Revisions Occur – Min Annually) | \boxtimes | | \boxtimes | | | | | | | | | | | | |
| Performance Management Council Assessment (Annually – By TBD) | | \boxtimes | | | | | | | | | | | | | |

Part 3: Previous Action Items

| Action Item | Person(s) Responsible | Date Assigned | Due Date | Status |
|--|-----------------------|------------------|------------|--|
| Meet individually with Accreditation Champions to review deliverables. | Taylor Freeman | 08/02/2018 | 03/30/2019 | Complete |
| Prioritize and select 2019-2021 Strategic Plan objectives | Jenna Levine | 08/02/2018 | 03/30/2019 | Complete |
| Design tracking matrix for "5 plans" objectives by responsible party and due date. | Sylvie Grimes | 08/02/2018 | 06/30/2019 | On Hold / Waiting on Final Plan Drafts |

Part 4: New Action Items

| Action Item | Person(s) Responsible | Date Assigned | Due Date | Status |
|---|-----------------------------------|------------------|------------|----------|
| Notify Jennifer Brandow and Vivian Hartzell of invitation to April 16 PMQI Meeting for EOP Coverage. | Sylvie Grimes | 03/21/2019 | 04/16/2019 | Complete |
| Send PDF of Polk Community Health Survey to Scott Sjoblom for dissemination to community contacts of under-represented populations. | Taylor Freeman | 03/21/2019 | 04/15/2019 | On Track |
| Contact Bartow City clerk for access to Distribution List for African American contacts in the community. | Scott Sjoblom | 03/21/2019 | 04/15/2019 | On Track |
| Speak to Jennifer Brandow about distributing the Community Health Survey to community contacts for event on 03/21. | Tammy Durden | 03/21/2019 | 03/21/2019 | On Track |
| Speak to School Health Staff in cities with underrepresentation for the Community Health Survey to encourage participation. | Tammy Durden | 03/21/2019 | 04/15/2019 | On Track |
| Plan celebration for Winter Haven's Baby Friendly designation | Suzanne Wright/Christine Smith | 03/21/2019 | TBD | On Track |
| Send invitation to PMC members for QI 102 Course on 04/26 | Sylvie Grimes | 03/21/2019 | 03/21/2019 | On Track |
| Send invitation to all staff on Bartow campus (travel restrictions) for QI 101 Course on 04/12. | Sylvie Grimes | 03/21/2019 | 03/21/2019 | On Track |
| Share GIS Contact at Polk Vision for Polk County GIS Infrastructure map. | Taylor Freeman | 03/21/2019 | 03/21/2019 | Complete |
| Update Strategic Plan Objective 2.2 from "mammogram referrals" to "screening mammograms," change baseline from "40.6%" to "35%," and set target at 40%. | Jenna Levine | 03/21/2019 | 03/31/2019 | On Track |

| Action Item | Person(s) Responsible | Date Assigned | Due Date | Status |
|--|-----------------------|------------------|------------|--------------------------------------|
| Check with Karen Harrington at the Office of Performance Improvement to discover whether EHR CQM0031 Breast Cancer report is pulling mammograms for 1 or 2 years. (Data showing 1 year, report criteria says 2). | Sylvie Grimes | 03/21/2019 | 05/16/2019 | On Track |
| Complete and submit minutes for today's PMC to share in plan addendums. (PMC Annual Review.) | Sylvie Grimes | 03/21/2019 | 03/28/2019 | Complete |
| Add PMC meeting minutes showing annual review in plans and annual reports (due on March 31st). | Jenna Levine | 03/21/2019 | 03/31/2019 | On Track |
| Design tracking matrix for "5 plans" objectives by responsible party and due date. | Sylvie Grimes | 08/02/2018 | 06/30/2019 | On Hold / Awaiting Final Plan Drafts |
| Post latest CHIP, CHA, Strategic Plan and Annual Reports to Internal SharePoint. | Sylvie Grimes | 03/21/2019 | 03/31/2019 | On Track / Partially Met |
| Post latest CHIP, CHA, Strategic Plan and Annual Reports to external website. | Scott Sjoblom | 03/21/2019 | 03/31/2019 | On Track |
| Send Dr. Jackson information on ToP training and approval for travel by County Health Systems. | Sylvie Grimes | 03/21/2019 | 03/21/2019 | Complete |
| Set up demonstration and overview of Networkfleet system for PMC. (After meeting note: PMC Meeting May 16th, 9:30-10am) | Sylvie Grimes | 03/21/2019 | 05/16/2019 | Complete/ Scheduled |
| Meet with Plan Champions to discuss development of a communications campaign for the 6-pack to internal staff. | Scott Sjoblom | 03/21/2019 | 05/16/2019 | On Track |